

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5		/				
6	/					
7		/				
8		/				
9	/					
10		/				
11		/				
12	/					
13		/				
14		/				
15		/				
16	/					
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23	/					
24		/				
25		/				
26		/				
27		/				
28		/				
29	/					
30		/				
31		/				
32		/				
33		/				
34	/					
35		/				
36		/				
37						
38						
39	/					
40		/				
41		/				
42		/				
43		/				
44		/				
45	/					
46		/				
47		/				
48						
49						
50		/				
<b>TOTAL IND.</b>	10					
<b>TOTAL DEP.</b>	45					
<b>TOTAL CLAIMS</b>	55					

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
61	/				
62	/				
63	/				
64	/				
65	/				
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					